

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/518831</div>	FILING DATE
							APPLICANT(S)	
<div style="display: flex; justify-content: space-between;"> <span>2/6/00</span> <span>CLAIMS</span> </div>								
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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TOTAL IND.	1		1					
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TOTAL CLAIMS	11		10					
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

PTO - 1360 (REV. 11/04)

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